

Mail form to:  
**ALABAMA PLUMBERS AND GAS FITTERS EXAMINING BOARD**  
11 West Oxmoor Road Suite 104  
Birmingham, AL 35209

**WAIVER OF ANNUAL FEES/PENALTIES**

NAME \_\_\_\_\_ SOCIAL SEC # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY

STATE

ZIP

PLUMBING CARD # \_\_\_\_\_ GAS CARD # \_\_\_\_\_

I certify that I was not actively engaged in the plumbing and/or gas fitting business during the years of \_\_\_\_\_ through \_\_\_\_\_, and hereby apply for the waiver of annual fees/penalties for this period.

No waiver of annual fees/penalties will be granted to anyone caught without current certification.

**Please check appropriate block below:**

[ ] Enclosed is a signed and notarized affidavit that I did not perform plumbing or gas fitting during said period, along with proof of other employment during this period.

[ ] Enclosed is a signed and notarized affidavit that for medical reasons, I did not perform plumbing or gas fitting during said period, along with doctor's statement or other medical records confirming disability during that period.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_